

| Procedure Code | Procedure Code Description   | Rate       |
|----------------|--|------------|
| K0001          | STANDARD WHEELCHAIR  | \$546.20   |
| K0002          | STANDARD HEMI (LOW SEAT) WHEELCHAIR  | \$695.60   |
| K0003          | LIGHTWEIGHT WHEELCHAIR   | \$761.50   |
| K0004          | HIGH-STRENGTH, LIGHTWEIGHT WHEELCHAIR  | \$1,336.40 |
| K0005          | ULTRA LIGHTWEIGHT WHEELCHAIR   | \$1,844.14 |
| K0006          | HEAVY DUTY WHEELCHAIR  | \$1,066.00 |
| K0007          | EXTRA HEAVY-DUTY WHEELCHAIR  | \$1,517.30 |
| K0009          | OTHER MANUAL WHEELCHAIR BASE   | \$0.00     |
| K0010          | STANDARD-WEIGHT FRAME MOTORIZED, POWER WHEELCHAIR  | \$3,620.90 |
| K0011          | STANDARD WEIGHT FRAME MOTORIZED POWER WHEELCHAIR<br>WITH   | \$4,502.00 |
| K0012          | LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR  | \$2,761.80 |
| K0014          | OTHER MOTORIZED POWER WHEELCHAIR BASE  | \$0.00     |
| K0015          | DETACHABLE NONADJUSTABLE HEIGHT ARMREST ,EACH  | \$156.22   |
| K0017          | DETACHABLE, ADJUSTABLE HEIGHT ARMREST , BASE EACH  | \$43.94    |
| K0018          | DETACHABLE ADJUSTABLE HEIGHT ARMREST ,UPPER PORTION<br>EACH  | \$24.55    |
| K0019          | ARM PAD , EACH   | \$14.06    |
| K0020          | FIXED, ADJUSTABLE HEIGHT ARM REST , PAIR   | \$39.95    |
| K0037          | HIGH MOUNT FLIP-UP FOOTREST , EACH   | \$41.40    |
| K0038          | LEG STRAP, EACH  | \$20.86    |
| K0039          | LEG STRAP H-STYLE , EACH   | \$46.32    |
| K0040          | ADJUSTABLE ANGLE FOOTPLATE, EACH   | \$64.20    |
| K0041          | LARGE SIZE FOOTPLATE , EACH  | \$45.50    |
| K0042          | STANDARD SIZE FOOTPLATE , EACH   | \$31.32    |
| K0043          | FOOT REST LOWER EXTENSION TUBE , EACH  | \$16.79    |
| K0044          | FOOTREST , UPPER HANGER BRACKET , EACH   | \$14.31    |
| K0045          | FOOTREST , COMPLETE ASSEMBLY   | \$48.68    |
| K0046          | ELEVATING LEGREST LOWER EXTENSION TUBE , EACH  | \$16.79    |
| K0047          | ELEVATING LEGREST UPPER HANGAR BRACKET , EACH  | \$65.75    |
| K0050          | RATCHET ASSEMBLY   | \$27.94    |
| K0051          | CAM RELEASE ASSEMBLY , FOOTREST OR LEGREST , EACH  | \$45.23    |
| K0052          | SWING AWAY DETACHABLE FOOTRESTS , EACH   | \$79.48    |
| K0053          | ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) , EACH  | \$87.70    |
| K0056          | SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21"<br>FOR A HIGH STRENGTH LT-WGT OR ULTRA LT-WGT<br>WHEELCHAIR | \$94.87    |
| K0065          | SPOKE PROTECTORS, EACH   | \$44.35    |
| K0069          | REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRES,<br>SPOKES OR MOLDED , EACH  | \$99.67    |
| K0070          | REAR WHEEL ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE,<br>SPOKES OR MOLDER, EACH                                       | \$182.70   |
| K0071          | FRONT CASTER ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE,<br>EACH   | \$108.97   |
| K0072          | FRONT CASTER ASSEMBLY COMPLETE, WITH SEMI-PNEUMATIC<br>TIRE, EACH  | \$65.60    |
| K0073          | CASTER PINLOCK, EACH   | \$34.71    |
| K0077          | FRONT CASTER ASSEMBLY COMPLETE, WITH SOLID TIRE,EACH   | \$58.70    |

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| K0098          | DRIVE BELT FOR POWER WHEELCHAIR  | \$22.70    |
| K0105          | IV HANGER, EACH  | \$99.18    |
| K0108          | WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED   | \$0.00     |
| K0148          | HYDROGEL DRESSING, EACH  | \$5.47     |
| K0195          | ELEVATING LEG RESTS, PAIR (FOR USED WITH CAPPED RENTAL WHEELCHAIR BASE)                                      | \$179.10   |
| K0267          | REPLACEMENT BATTERY, ANY TYPE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, | \$6.10     |
| K0455          | INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL  | \$0.00     |
| K0460          | POWER ADD ON, TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL                         | \$2,124.40 |
| K0462          | TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE                                   | \$0.00     |
| K0552          | SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH                              | \$2.64     |
| K0601          | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH                | \$1.10     |
| K0602          | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH                  | \$6.35     |
| K0603          | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH                    | \$0.57     |
| K0604          | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH                     | \$6.07     |
| K0605          | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH                     | \$14.56    |
| K0606          | AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE                   | \$0.00     |
| K0607          | REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH                            | \$193.74   |
| K0608          | REPLACEMENT GARMENT FOR AUTOMATED EXTERNAL DEFIBRILLATOR, EACH   | \$120.91   |
| K0609          | REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH                | \$804.07   |
| K0669          | WHEELCHAIR SEAT OR BACK CUSHION, NO WRITTEN CODING VERIFICATION FROM SADMERC                                 | \$0.00     |
| K0730          | CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM  | \$1,719.71 |
| K0733          | POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS  | \$25.97    |
| K0734          | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH                    | \$284.98   |
| K0735          | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH                   | \$362.62   |
| K0736          | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH    | \$287.32   |

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| K0737          | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH     | \$363.73   |
| K0738          | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CLYINDERS;                | \$516.30   |
| K0739          | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF  | \$13.56    |
| K0800          | POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS               | \$1,111.46 |
| K0801          | POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT 301 TO 450 POUNDS                                   | \$1,791.91 |
| K0802          | POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                     | \$2,027.86 |
| K0806          | POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS               | \$1,344.57 |
| K0807          | POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                     | \$2,040.23 |
| K0808          | POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                     | \$3,156.66 |
| K0812          | POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED   | \$0.00     |
| K0813          | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO         | \$2,412.40 |
| K0814          | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND               | \$3,087.80 |
| K0815          | POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 | \$3,516.30 |
| K0816          | POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS    | \$3,367.40 |
| K0820          | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 | \$2,576.60 |
| K0821          | POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS    | \$3,307.70 |
| K0822          | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300     | \$4,008.10 |
| K0823          | POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS    | \$4,023.70 |
| K0824          | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS         | \$4,842.70 |
| K0825          | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTIAN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS               | \$4,229.60 |

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| K0826          | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS    | \$6,269.30 |
| K0827          | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE         | \$4,809.30 |
| K0828          | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE        | \$6,908.20 |
| K0829          | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE        | \$6,011.80 |
| K0835          | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO  | \$4,132.30 |
| K0836          | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND    | \$4,207.50 |
| K0837          | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY      | \$4,842.70 |
| K0838          | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 | \$4,372.20 |
| K0839          | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY | \$6,269.30 |
| K0840          | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACIT | \$9,498.30 |
| K0841          | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP   | \$4,318.60 |
| K0842          | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND  | \$4,318.60 |
| K0843          | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY    | \$5,199.60 |
| K0848          | POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300     | \$5,438.60 |
| K0849          | POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS    | \$5,080.70 |
| K0850          | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS         | \$6,139.90 |
| K0851          | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS               | \$5,741.40 |

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| K0852          | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS     | \$7,082.60  |
| K0853          | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS          | \$7,275.60  |
| K0854          | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE   | \$9,638.60  |
| K0855          | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE                  | \$9,105.10  |
| K0856          | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO   | \$5,672.30  |
| K0857          | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND     | \$5,786.00  |
| K0858          | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301   | \$7,037.60  |
| K0859          | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301         | \$6,538.10  |
| K0860          | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY  | \$10,054.10 |
| K0861          | POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO | \$5,681.40  |
| K0862          | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY     | \$6,141.90  |
| K0863          | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPAC   | \$10,054.10 |
| K0864          | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAP    | \$12,567.50 |
| K0868          | POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300      | \$0.00      |
| K0869          | POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS     | \$0.00      |
| K0870          | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS          | \$0.00      |
| K0871          | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS     | \$0.00      |

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| K0877                 | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO  | \$0.00      |
| K0878                 | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO        | \$0.00      |
| K0879                 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301  | \$0.00      |
| K0880                 | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY | \$0.00      |
| K0884                 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP   | \$0.00      |
| K0885                 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND  | \$0.00      |
| K0886                 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY    | \$0.00      |
| K0890                 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO | \$0.00      |
| K0891                 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP  | \$0.00      |
| K0898                 | POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED   | \$0.00      |
| K0899                 | POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA  | \$0.00      |
| K5857                 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,   | \$0.00      |